



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission 19

Application Number	10/006,176
Filing Date	12/04/2001
First Named Inventor	Benyukhis et al.
Group Art Unit	2182
Examiner Name	Chan, Alan S.
Attorney Docket Number	CE08625i

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

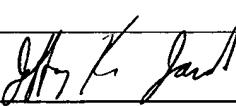
Remarks

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DEC 10 2003

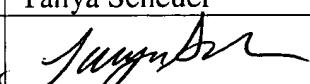
Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual		Registration No.	44,798
Signature			
Date	December 1, 2003		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name	Tanya Scheuer		
Signature		Date	December 1, 2003

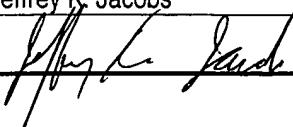


FEE TRANSMITTAL

Patent fees are subject to annual revision
Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	10/006,176
Filing Date	12/04/2001
First Named Inventor	Benyukhis et al.
Examiner Name	Chan, Alan S.
Group Art Unit	2182
TOTAL AMOUNT OF PAYMENT	(\$180.00)
	Attorney Docket No. CE08625i

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account:							
Deposit Account Number		502117					
Deposit Account Name		Motorola, Inc.					
The Director is authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments					
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid			
1001	770	2001	385	Utility filing fee	<input type="text"/>		
1002	340	2002	170	Design filing fee	<input type="text"/>		
1003	530	2003	265	Plant filing fee	<input type="text"/>		
1004	780	2004	385	Reissue filing fee	<input type="text"/>		
1005	160	2005	80	Provisional filing fee	<input type="text"/>		
				SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES							
Total Claims		Previously Paid**	Extra Claims	Fee from below	Fee Paid		
Independent Claims		<input type="text"/>	<input type="text"/> 20 = <input type="text"/>	<input type="text"/> 18 = <input type="text"/>	<input type="text"/>		
Multiple Dependent			<input type="text"/> 3 = <input type="text"/>	<input type="text"/> 86 = <input type="text"/>	<input type="text"/>		
				<input type="text"/> 280 = <input type="text"/>	<input type="text"/>		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	* Reissue independent claims over original patent			
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent			
				SUBTOTAL (2) (\$)			
** or number previously paid, if greater; For Reissues, see above.							
				SUBTOTAL (3) (\$ 180.00)			
* Reduced by Basic Filing Fee Paid							
SUBMITTED BY				Complete (if applicable)			
Name (Print/Type)		Jeffrey K. Jacobs		Registration No.	44,798	Telephone	847-516-5562
Signature				Date	December 1, 2003		

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